## MULTIPLE DEPENDENT CLAIM FEE CALC TION SHEET (FOR USE WITH FORM PTO-875)

APP (10) 529369

FILING DATE

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| IND.   DEP.   IND.   DEP.   IND.   DEP.   SI   S2   S3   S4   S5   S5   S6   S6   S7   S7   S8   S9   S9   S9   S9   S1   S6   S6   S7   S7   S7   S7   S8   S8   S9   S9   S9   S9   S1   S6   S6   S7   S7   S7   S7   S7   S7  | AS FILED AFTER                                   |             | AFTER 2 AMENDMENT                                |  |
|---|--|-------------|--|--|
| \$\frac{52}{53}\$ \$\frac{4}{4}\$ \$\frac{5}{5}\$ \$\frac{6}{6}\$ \$\frac{7}{7}\$ \$\frac{8}{9}\$ \$\frac{10}{11}\$ \$1 | DEP. IN  | ND. DEP.    | IND. DE  |  |
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